Social representations elaborated by elderly people about being elderly or aged: structural and procedural approaches

Representações sociais elaboradas por pessoas idosas sobre ser idoso ou envelhecido: abordagens estrutural e processual

Representaciones sociales elaboradas por personas ancianas sobre ser mayor o envejecido: enfoque estructural y procesual

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Abstract: Objective: to discuss the social representations of people aged ≥65 years about being elderly or aged. **Method:** research outlined in the Theory of Social Representations. Elderly people from Minas Gerais Basic Health Unit participated. Sociodemographic characterization data were collected and evocation technique and recorded interviews were applied in 2015, with prototypical and content analyzes, supported by softwares. **Results:** 93 elderly people participated, mostly women (62.4%), aged 72 years on average and with ≤8 years of education (88.15%). Nuclear contents were identified - common: "evaluates-being-old" and distinct: "age-arrives" and "experience" (being elderly) and "difficult-bad" (being aged). In the procedural approach, engagement to deal with new demands was identified, despite the recognition of secondary limitations to the aging process. **Conclusion:** there was an absence of objective nuclear contents, with behaviors and thoughts anchored in one's experiences and in other people's, linked to the level of (in)dependency, living conditions and support networks, carrying similarities and distinctions.
Keywords: Geriatric Nursing; Aging; Elderly; Social Psychology; Culture

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Resumo: **Objetivo:** discutir as representações sociais de pessoas com idade ≥65 anos sobre ser idoso ou envelhecido. **Método:** pesquisa delineada na Teoria das Representações Sociais. Participaram idosos de uma Unidade Básica de Saúde mineira. Coletaram-se dados de caracterização sociodemográfica e foram aplicadas técnica de evocação e entrevistas gravadas, em 2015, com análises prototípica e de conteúdo, apoiadas por *softwares*. **Resultados:** participaram 93 idosos, maioria mulheres (62,4%), com 72 anos em média e escolaridade ≤8 anos (88,15%). Identificaram-se conteúdos nucleares - comum: "avalia-ser-velho" e distintos: "idade-chega" e "experiência" (ser idosa) e "difícil-ruim" (ser envelhecida). Na abordagem processual, identificou-se engajamento para lidar com novas demandas, apesar do reconhecimento de limitações secundárias ao processo de envelhecimento. **Conclusão:** verificou-se ausência de conteúdos nucleares objetivados, sendo os comportamentos e pensamentos ancorados em experiências próprias e com terceiros, vinculados ao nível de (in)dependência, condições de vida e redes de apoio, carreando semelhanças e distinções.
Descritores: Enfermagem Geriátrica; Envelhecimento; Idoso; Psicologia Social; Cultura

Resumen: **Objetivo:** debatir las representaciones sociales que tienen personas con edad a partir de 65 años respecto a ser mayor o envejecido. **Método:** investigación basada en la Teoría de las Representaciones Sociales. Los participantes son ancianos de una Unidad Básica de Salud de Minas Gerais. Se recolectaron datos de caracterización sociodemográfica y se realizaron técnica de evocación y grabación de entrevistas, en 2015, con análisis prototípico y de contenido con el apoyo de *softwares*. **Resultados:** una cantidad de 93 ancianos participantes, mayoría mujeres (62,4%), con media de 72 años de edad y a partir de ocho años de escolaridad (88,15%). Se delimitaron contenidos nucleares comunes: "considera-ser-viejo" y "experiencia" (ser mayor) y "difícil-malo" (ser envejecido). En el enfoque procesual, se identificó compromiso para hacer frente a nuevas demandas, a pesar del reconocimiento de limitaciones secundarias al proceso de envejecimiento. **Conclusión:** se observó una falta de contenidos nucleares objetivos, puesto que los comportamientos y pensamientos son anclados en experiencias propias y con terceros, asociados al nivel de (in)dependencia, condiciones de vida y redes de apoyo y llevan puntos de similitudes y diferencias.
Descriptores: Enfermería geriátrica; Envejecimiento; Anciano; Psicología Social; Cultura

Introduction

Projections on world aging for 2030 show that the number of people aged ≥60 years is expected to grow 56%; that is, to increase from 901 million to 1.4 billion and, in 2050, to reach 2.1 billion.[1-3] In Brazil, the proportion of people aged over 60 years will increase from 18.7% to 28.4% and, among those aged 65 years or over, will increase from 13.5% to 21.9%. In the period from 2030 to 2050, the aging rate will grow from 71% to 142.2%.[1] In the world ranking, Brazil will be the sixth country with a population aged ≥60 years, corresponding to 32 million in 2025 and 50 million in 2050.[1-2]

The magnitude of these projections supports the insertion of the "human aging" theme among the priority lines of the National Agenda for Health Research Priorities. The objective is to direct the view of the health professionals and public policies to the vulnerabilities to which the elderly is exposed.[4] Such fact justifies the search predictions of this population segment by health services and allows to estimate actions for diseases prevention, health promotion, comorbidities treatment and rehabilitation. It also highlights the need for knowledge about what are the emerging demands in social groups perspective.[3]

Socially, old age can carry images culturally constructed, making itself accessible to be captured.[5] We opted for the concomitant use of Structural[6] and Procedural[7] approaches of Social Representation Theory (SRT)[5,7] as a strategy to apprehend the object of investigation. The justification for the choice involves the understanding that the theme is subject to be accessed as a component of psycho-sociological knowledge.[5] The "social thickness" of the group is configured by the relevance of the theme for the investigated participants.

Aging is being conceived as the age progression, accompanied by changes that are expressed in the biopsychosocial, cultural and spiritual dimensions, according to self-perception that impacts the autonomy and the independency as the years pass, in an individualized, progressive, irreversible and inevitable way.[8-9] The identified scientific gap involves the approximations and distinctions in the conception of a social group, regarding being elderly or aged, which justifies the present investigation. Another possibility involves portraying the social representations of how a person feels in this phase of life to the point of subsidizing the nurse's understanding about the elderly person and its social context.[10]

Considering that nursing uses human responses as a foundation to structure caring and reflecting about its interdisciplinary insertion in health caring for the elderly, these questions emerged: How is the aging process represented by those who age? What contents and constitutive processes ground their behaviors, attitudes, knowledge, information and values?

What approaches and distinctions are socially constructed about "being elderly" and "being aged"? Given the above, the present investigation aimed to discuss the social representations of people aged ≥65 years about being elderly or aged.

Method

It is a qualitative research, with structural[6] and procedural[7] approaches from SRT. The research scenario was an area assigned to a Basic Health Unit (BHU) of a city in the State of Minas Gerais (MG), Brazil. This area was outlined from the coincidence between the census area of the Brazilian Institute of Geography and Statistics and that area assigned to the BHU served by the Community Health Agents Program (Chap).

Participants were recruited by individual invitation during home visit when the researchers were introduced by health agents. People aged ≥65 years, who presented coherent speech and were assigned to the BHU, were considered eligible. There was the exclusion of those who, during the collection, changed their addresses, died or were hospitalized. Thus, out of a total of 110 elderly people, one was excluded due to a change of address and 16 were considered as losses due to giving up participation during data collection. Hence, 93 people aged ≥65 years participated in the survey.

Although, in Brazil, the age of ≥60 years old being the chronological standard to consider a person elderly, in the present investigation, a clipping was made for ≥65 years old. Such decision is justified by the intensification of the peculiar characteristics to aging when the divergence between the chronological and identity conceptions about aging is accentuated.[1-3]

The data collection instrument was structured in: 1) Sociodemographic characterization; 2) Application of the Technique of Free Association of Words Unleashed by Images (ATFAWUI) - use of figures/images, contemplating elements of neutral, positive and negative value, previously validated by experts, aiming elderly people with low education[11] - structural approach and 3) Recorded interview, looking for discursive contents regarding cases and

memories that portray aging process self-perception, identity, role, experience, knowledge, social participation, support network and changes caused by aging - procedural approach. Data collected in 2015.

The data collection process took place at home through individual interviews. It was operated in two or three meetings, having the participants previously signed the Free and Informed Consent Term (FICT), after being informed about the research and having their doubts clarified. The process occurred in the sequence presented on the instrument. The characterization data were consolidated in the Statistical Package for the Social Sciences (SPSS) program, version 24 and analyzed according to descriptive statistics (measure of central tendency and dispersion).

Using the ATFAWUI technique in the structural approach, the participant was requested to speak the first five words that came to his mind after handling the figures and hearing the inductive term "person being elderly". After evocation, the technique was repeated, using the inductive term "person being aged". The results were cursively recorded, having the data been treated by prototypical analysis, using the *Ensemble de Programmes Permettant L'analyse des Evocations* (EVOC) software, version 2005.[12] In the prototypical analysis, 465 evoked words/expressions were obtained for each inductive term. 63.7% and 62.4% of the original *corpus* were used for the inductive terms "person being elderly" and "person being aged", which was equivalent, respectively, to 116 and 109 distinct spoken words.

In the Structural approach, the representation elements are organized around a central core, which evoked contents are allocated in a hierarchical way. The central system portrays elements that are socially contextualized for a given group and can be portrayed in the frame of four houses by the expressions allocated in the Upper Left Quadrant (ULQ). That is, expressions that had a higher frequency of citation were evoked in the first positions, which Average Order of Evocation (AOE) generated a lower *Rang*. Therefore, these are expressions considered stable

and permanent in the context of representations. This gives them meaning and resistance to the changing process, depending on the external context or the subjects' daily practices.

Other components with center potential are allocated in the Lower Left Quadrant (LLQ), Contrast Zone, which spoken words have lower frequency, higher *Rang* and lower AOE. They were considered important for a representational subgroup and portray possible movements with the potential to migrate to the ULQ, as long as the group is expanded.[6-7]

On the other hand, the peripheral components make it possible to capture individual singularities arising from individualized experiences. They can be allocated in the first periphery, Upper Right Quadrant (URQ), as they have elements with higher frequency, higher *Rang* and low AOE. They express the immediate context in which people live their social relationships. For this reason, they have the potential to migrate to the central core, which ensures them the possibility to be considered as intermediate elements. In the Lower Right Quadrant (LRQ), there are the so-called second periphery elements. In this *locus*, there are the system legitimate peripheral elements, as they have low frequency, high *Rang*, low AOE and importance to representational subgroups as they portray peculiar conditions and personal experiences.[6-7]

It is worth mentioning that the link between the peripheral and central systems allows the allocation of some elements in the transition areas or in the first periphery. These areas function as a buffer system capable of granting meaning, organization to the contents and stability to the central components insofar as they portray socially agreed components.[6-7]

In the procedural approach, the participants' speeches were read and analyzed according to their content,[13] using the NVivoPro-11 program. Categorical contents were used (*nodes*) *a priori* to portray the representational dimensions (behavioral and attitudinal; cognitive and informative; evaluative and of objectivation) and their origins (personal experiences, family and social context).[7,12]

This fact allowed us to capture behaviors/attitudes, signify/re-signify values from a re-reading of life itself, access information and knowledge and conceive the represented object to the point of reaching symbolic contents.[7,12] In this way, it was possible to understand the origin of the representation elaborated and constructed by the socially constituted group. The criterion for identifying the theoretical densification was Pearson's coefficient[12] with values ≥ 0.70, having been identified values between 0.935252 and 0.715496, and between 0.849226 and 0.755286 for "being elderly" and "being aged" respectively.

All ethical and legal requirements in research involving human beings were met, in accordance with current national legislation. This investigation comes from a matrix research, entitled "Physical capacity, incontinence and determinants of the aging process of people over 65 years", approved by the Ethics in Research Committee of Universidade Federal de Juiz de Fora (CEP/UFJF) – under the consolidated opinion n. 341,116, of 07/11/2013.

Results

Most of the 93 elderly people were characterized as follows: 58 (62.4%) women; aged 72 years in average (65-96); 48 (51.6%) declared themselves to be brown-skinned; 50 (53.7%) were married or lived with a partner; had four children in average (0-21); 82 (88.1%) with up to eight years of education. As for the profession exercised by the majority of the elderly, 38 (40.8%) performed domestic services and 20 (21.5%) worked in construction. Regarding the average income, 87 (89.6%) received up to two minimum wages. Of these, 86 (92.4%) were retired or pensioners, for an average time of 9.5 years (0-37).

In Figure 1, there are two tables of four houses obtained from the inductive terms (A = person being elderly and B = person being aged) presented in a paired way, which contain the spoken words evoked with their respective frequencies and the order in which they were evoked (AOE), according to the respective quadrants.

Figure 1 - Table of four houses for the inductive terms "person being elderly" (A) and "person being aged" (B). Juiz de Fora - MG, 2020.
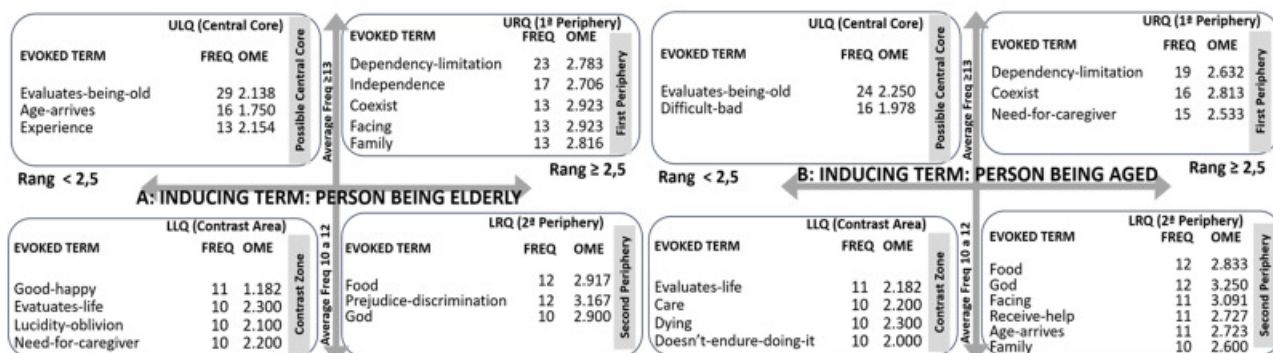

Note: AOE - Average Order of Evocations.
Source: Data obtained from the *EVOC Program*.

Two categories were obtained: 1) Expectations of, despite age, remaining engaged, receiving support and dealing with new demands and 2) Marks from time and confirmed limitations (Figure 2).

Figure 2 - Dendogram and circle graph that portray the participants' conceptions about being elderly and being aged (N = 93). Juiz de Fora- MG, 2020.
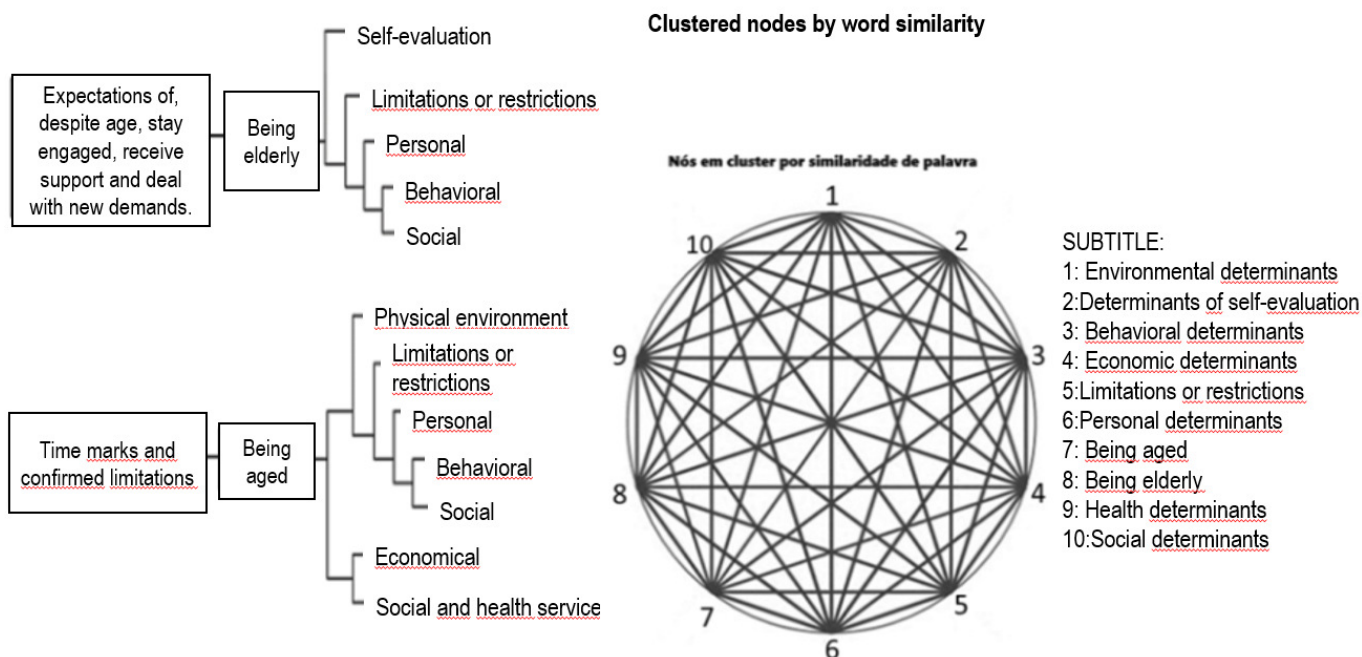
Source: *NVivoPro-11* software.

In Figure 3, there are fragments of speeches obtained by the procedural approach justifying and corroborating the contents mentioned in the structural approach. Those that contained the mentioned spoken words and/or part of their thematic developments were used as a criterion to select them. They were grouped into axes for similarity and named as: evaluation, engagement, support, demand and valuation limitations.

Figure 3 - Comparative scheme showing how the discursive fragments (procedural approach) portrayed the spoken words (structural approach) to the point of generating five thematic categories when characterizing a person according to the terms "person being elderly" and "person being aged" (N = 93). Juiz de Fora- MG, 2020.

SPOKEN WORDS GROUPING		SPEECH FRAGMENT OBTAINED BY THE PROCEDURAL APPROACH FROM 93 SUBJECTS	
		PERSON BEING ELDERLY	PERSON BEING AGED
Evaluation	Evaluates-being-old	"Being old" is not a flaw! I don't think old people a problem! I think that when he gets sick. S02.	We lose count. It is no longer as when I was young. Everything has changed. S26.
	Age-arrives	Well, they say that a person is elderly when she is over 60 years old, even the radio says that it is like that [...]. Someone is considered elderly after 60 years. S51.	When she is over 70, there is no point in wanting to say that she is young and this or that. It doesn't exist neither this nor that. S10.
	Evaluates-life	I will be honest with you! I am at this age of 72 years old, but my disposition remains the same ... It is the same as a young person ... (laughs). S14.	I think each moment in its time. I know that I already was young. I was a girl and everything, I was evolving (laughs). But for me, nothing has changed. S46.
	Facing	Elderly people are those who still want to go further, they may not be okay, but they still want to walk (laughs). S84.	Age hurts us a little. But we can't stop. When you don't have an activity, you have to do something different. S28.
	Dying	So these are things you have to accept because old age and death are inevitable. S03.	I think it's only after she dies. Everything ends when you die. S41.
Engagement	Experience	Over the years, we coexist with many people and we learn a lot even from people who are less than us. S18.	Knowledge and life experience must have value. The person is already old. If it weren't for us being old, who would be the youngest? S24.
	Good/happy	Some things are different, but I feel good being an elderly. S17.	I am 71 years old [...] There are people who say: Wow! Are you just 70 years old? So, it is good. S45.
	Independence	I still walk everywhere. I do my things and I don't depend on anyone. S23.	
Support	Family	The family changes when there is an elderly person, because nobody has patience with me here at home ... It is hard to deal with my family. S16.	When the person is abandoned. So it doesn't have a relationship with the family. She doesn't get the minimum of attention or other people doesn't care about what she said. S40.
	God	I thank God every day for what He has given me and for what He can still give me. S15.	An elderly person is a blessing from God for having reached this age. S16.
	Food	You have to cut down on food, because, if you eat too much, it can harm you [...] organism that is already weaker, the food does not get digest properly. S11.	Each person has a type of food. It is part of and contributes to the aging process been different in each person. S12.
	Receive-help		I have a son and a granddaughter who live with me. They tidy up the house from time to time [...] There are people who requires a lot of work and need help. S23.
Demand	Need-for-caregiver	There are elderly people who have a lot of difficulty because they depend a lot on others, sometimes on a son, partner, neighbor. S22.	An aged person ... He is prostrate on a bed, dependent on everything. Then he depends on a person to take care of him. S05.
	Coexist	He is a person who needs more. You have to respect the elderly, be more polite, know how to treat them, because of their age [...] The elderly person must be treated well, well advised. S06.	The aged person is the person who respects his age. And knows how to talk to everyone, whether younger or older. S32.
	Care		The family care has to be doubled. If everyone is going to leave the house, one has to stay. S12.
Valuation Limitations	Lucidity-oblivion	They think we are crazy and don't know anything [...] I understand everything; my head is fine for now. S02.	Thank God, I'm still lucid. I know what I know. What I can say and what I cannot. S42.
	Dependency-limitation	I think that due to the limitations of everything I did before ... This change in life cannot take on a house with all its obligations ... S82.	An aged person is someone who no longer speaks and doesn't hear well. S05.
	Prejudice-discrimination	Sometimes, they don't hire the elderly or send them away just because of their age. S12.	I feel pity for the aged people, as many feel for us. S17.
	Difficult-bad	Being elderly is very bad ... We are very abandoned, very secluded, too despised ... S34.	To depend on others for everything is very hard. We are used to do our things and walk everywhere ... S23.
	Doesn't endure doing it		There is no more strength. I don't endure doing anything anymore either. S13.

Source: Data fragments extracted from the *Nvivo Pro-11* software.

Discussion

The predominance of women in the investigation (62.4%), aged 72 years in average, is close to the life expectancy of the Brazilian population, which is 76.2 years. As well as the fact that they seek health services more frequently and adopt healthy habits when compared to men.[1] The index that represents the skin color declared brown (51.6%) was higher than the national average (46.7 %). Likewise, having four children in average differs from the national reality, which is 1.77. The participants' low level of education, up to eight years (88.1%), is in line with the national profile of the elderly, as well as the profession (domestic services and construction) and income.[1]

The procedural analysis seeks the constitutive processes of social representations (objectifying and anchoring), demonstrating the link between thought and action. This highlights aspects of the attitudes (dimension of affection) and of the information that instruct social representations; being, therefore, the focus of the discussion of results.[5,7]

In the structural approach, in the ULQ for "person being elderly" and "person being aged", the spoken words "evaluates-being-old" emerged in consensus with the inducing terms. The spoken words "age-arrives" had a functional character, and "experience" is a normative aspect associated to the engagement linked to the fact of the person being an elderly. The spoken words "difficult-bad" had its content linked to the inherent limitations of aging and had been linked to the condition of the person "person being aged".

This is so, because the human aging process can lead to cognitive impairments, emotional deterioration and reduced social contacts, and this phase of life is easily identified by those who live with the elderly, but not always self-perceived. This is due to the fact of limitations being gradual and because it is difficult to recognize them and accept the appearance of the first symptoms of inability and/or dependence, which portrays the presence of the geriatric syndrome, possibly prevented/treated when diagnosed early.[9,14-15]

This syndrome is associated with changes in autonomy (cognition and mood), independence, aerobic capacity, mobility, sphincter continence, postural stability and the ability to communicate.[14-15] Elderly people, when facing the first signs of limited functionality, access socially shared contents and compare themselves to what they consider to be aged people.[9,15] The identification of at least one of the manifestations of the geriatric syndrome - real, imaginary or potential – shows to be enough to motivate an evaluating state and enhances reflections on past facts of life, on self-assessment of performance and the emergence of feelings (acceptance, revolt, non-conformity, indifference or accommodation in the face of the progressive restrictions of aging).[14-15]

In the first category of the procedural approach, entitled "expectation to, despite age, remain engaged, receive support and deal with new demands", from the point of view of social representations, there are the functional and normative elements. The first ones ("*Being old is not a flaw. I don't think old people a problem! I think that when they get sick.*" S02) are linked to descriptive characteristics ("*So, these are things you have to accept because old age and death are inevitable.*" S03) and to the practices that determine subjects' behavior facing the object ("[...] *This change in life cannot take on a house with all its obligations...*" S82). The normative elements, on the other hand, ("*I still walk everywhere. I do my things and I don't depend on anyone.*" S23) constitute the core social dimension (valuation aspects)[6-7] ("*You have to respect the elderly, be more polite, know how to treat them, because of their age* [...]" S06).

The spoken words "age-arrives", component of the possible central core for the inductive term "person being elderly" and of the second periphery for the term "person being aged", refers to a chronological mark, which delimits the age from which a person is classified as elderly. Although there is no consensus in the participants' speech about an aging chronology, in the analysis of the four-house chart, it was possible to perceive that the group understands, from the perspective of the information contained in the procedural approach, that being

elderly refers to a classification of chronological age. However, being aged is not always associated to age, but rather to the appearance of peculiar characteristics to the aging process.

The spoken word "experience", which appears in the four-house chart, was portrayed in the informative dimension. It can be linked to social knowledge, to life knowledge, providing access to information and its sharing to the point of enabling a reflection on differences and similarities arising from situations experienced by people over the years on a personal, family, professional, social and religious level.[16] Its positive evaluative character was due to diversity and experiential enrichment, arising from intergenerational contact, added to values, behaviors, ways of thinking and facing life adversities.[5,7]

The contact points between "being elderly" and "being aged", in the engagement category, made it possible to emerge contents about "experience", "good-happy" and "independence"; that is, functional components valued as positive. This is so, because the participants of the socially constituted group in this investigation stated that the years they lived provided them with an accumulation of information and knowledge learned over time that they wish to share with their descendants.

In the other quadrants (LLQ, URQ and LRQ), other spoken words common to the approach of being elderly and being aged were identified, having been allocated in different hierarchical regions. In the contrast area, LLQ, for "person being elderly", emerged the spoken words: "good-happy", when they feel socially engaged; "evaluates-life", due to reflections they make; "lucidity-oblivion", as a change that marks aging and "need-for-caregiver" as a demand.

The understanding of the aging process can be seen in opposition to the metaphor of Narcissus - son of the *River-God Cephisus and the nymph Liriope* -, who, seeing his image reflected on the waters of a lake, started to spend hours in self-contemplation and analyzing his image in wonder.[17] The behavior of people in the aging process who regularly inspect themselves, looking for evidences of aging, approaches to the metaphor of Narcissus. This is so, because the appearance of

marks of facial expression and aging are sources of sadness, these people look for ways to delay changes in appearance, in worship of youth.[7]

The spoken words "lucidity-oblivion", evoked for "person being elderly", was anchored in the image attributed to the elderly by the social-family group, from partial or total restrictions that emerged, perceived during the performance of Day Life Activities (DLAs) and/or Instrumental Day Life Activities (IDLAs).[18] This spoken words also referred to self-assessment and hetero-assessment about the transition from lucidity to the appearance of memory lapses.[19]

The spoken words "good-happy", presented only for the inductive term "person being elderly", was used to express feelings and actions. In this sense, it emerged in the positive sense, in postponing the identification of limitations or in adapting and accepting this phase of life. A study involving 3,750 people, aged from 40 to 85 years, identified that both men and women had similar patterns of overall satisfaction with life, even considering women most likely to become widows and caregiving spouses when compared to men.[20]

The term "evaluates-being-old", the first expression of the probable central core for both inductive terms, can be attributed to positive or negative values. It was mentioned associated to the characteristics of the aging process and related to the image that the social group makes of different contexts: social, family, religious and behavioral. It translated a dubious position as to the valuation content in relation to the represented object.

In the category entitled "marks from time and confirmed limitations", a derogatory perception emerges. It was corroborated by the term "evaluates-being-old" and refers to the process of disengagement and incapacity for self-care activities. Thus, the social value attributed to the active participation of people in the dynamics of life is reinforced as an integrating element of the elderly in maintaining functional health and preserving autonomy.[17-18,20-21] Such conception also emerged in the procedural approach, as exemplified by the speech fragment "*We lose count. It is no longer as when I was young. Everything has changed*". (S26)

The spoken words "difficult-bad", allocated in the central core, and "evaluates-life"; "care", "dying" and "doesn't-endure-doing-it", allocated in the LLQ, referring to "person being aged", referred to situations or circumstances of dependence or inactivity, segregation, social isolation or abandonment coming from social and family relationships.[21-22] "Care" is associated to the need to access or have a social support network available to make it possible to satisfy human necessities and needs of interaction, and the complexity of caring refers to the recognition of having physical and psychological support, when the elderly is not able to perform self-care.[20-21]

Care was linked to family support. The spoken word "family" is on the first periphery for the inductive term "person being elderly" and on the second periphery for "person being aged". Divine ("God") and physiological ("food"), allocated in the LRQ for both inducing terms, were mentioned in the normative conception and positively valued, linked to the condition of receiving help. The spoken word "dying", on the other hand, rescued the dimension of finitude, in a temporal perspective, which precedes the approach of death in order to deny or postpone it.[23]

Elderly people want to be close to the family, especially to their children, and the absence of any of the family members causes feelings of: lack, abandonment, contempt, need, sadness and dependence of the elderly in relation to the family. This is so, because the experiences of elderly people through social contact, intergenerational context, means of communication (individual and mass), engagement in leisure, work or recreation activities can enable the sharing of behaviors, attitudes, values, images, information and knowledge about how this moment is and how it is portrayed by other people.[5-6]

The allocation of the spoken words "food" and "God" portrays individualized positions of the participants due to the lack of consensus on the spoken words. The spoken words "evaluates-life" (LLQ for both inducing terms), "independence" (URQ for "person being elderly", "coexist" (URQ for both inducing terms), "facing" (URQ for "person being elderly" and LRQ for "person

being aged") anchor aging in a perspective of "active and successful" process. They link it to the elderly's ability to be physically active; engaged; participative; accepted; willing to live; with self-esteem, autonomy and functionality preserved and creative, to the point of reinventing ways to insert themselves in the social, economic, family and cultural contexts.[18-19]

The expression "doesn't-endure-doing-it", allocated in the contrast area for "person being elderly", referred to the recognition of the gradual deficits from aging. It is linked to the loss of strength, capacity and motivation to engage in DLAs and IDLAs, with reflexes on the elderly's own security and chances to break social bonds. This causes the emergence of prejudice-discrimination situations among groups in which the coexistence is based on the cult of independence and youth.[18]

The approximation between the contents portrayed in the structural and procedural approaches of the SRT enabled the identification of the elements and processes that make up their representations about "being aged" and "being elderly". It was observed that elderly people do it based on a symbolic construction grounded on the assessment of what they observe in individuals who are in the social context, comparing to the changes that time has made in them.

In view of the above, the mentioned contents allow us to understand that the aging process and the increasing age are conditions socially constructed in a consistent way with the capitalist society image, where self-image needs to be preserved and the appearance of limitations is seen as an unfavorable and undesirable condition. The image of aging can be linked to disabilities and loss of value, in addition to not being accepted as a natural process, so the proximity of death is also seen as something undesirable.

By the comparative analyzes of the inductive terms "being elderly" and "being aged" conceptions, it was possible to identify some similarities between them, which interpretation differs as to the level of the contents consensus according to each inductive term. This can be

exemplified by the spoken words "caregiver", "evaluates-life", "independence", "coexist", "facing" and "family".

Therefore, it is possible to say that the presented social representations have implications on the conception of how everyday life occurs. They also make it possible to understand how the aging process and the increasing of age are perceived in the investigated social group.[10] The symbolic and representative elements identified in this investigation are striking. They have an evaluative character of neutrality or negation of a natural process for aging. Therefore, it is worth reflecting on which strategies can be used by nurses working at a BHU to favor the insertion of the elderly in a social context in which what is valued is youth and productivity.

It is necessary for nurses to reflect on how their therapeutic conducts can contribute to the collective construction of actions that deal with aging. Such action must take place by means of valuing and encouraging participation and intergenerational and technological engagement of the elderly. The therapeutic objective must involve the creation of opportunities to cope with the manifestations of the geriatric syndrome, disease loads and continuous use of medications. It is necessary to ensure the search for autonomy and independence of the elderly and to promote respect for them. It is also worth mentioning the protection and appreciation of the elderly in a society that undergoes through a significant reduction in the number of descendants and an increase in life expectancy.

Conclusion

In the analysis of the social representations of people aged ≥65 years, there was an absence of objectified contents at the central core, which is justified by the fact that its origin is anchored in one's experiences and with other people, linked to the level of (in)dependence, living conditions, family support and religion. They share similarities/distinctions that portray

the elderly search for "categorizing" themselves in the context of what they socially conceive as being an elderly person in the process of aging.

There was a consensus regarding the "evaluation-of-being-old" for the representations about being elderly or aged and similar spoken words were allocated in different hierarchical positions in the four houses table for both inductive terms. The derogatory character was linked to the loss of autonomy and independence when aging was assessed. The increase in age emerged as something unavoidable and chronological, adding experience, requiring support and generating demands when linked to the first manifestations of the geriatric syndrome.

It is expected that the contents, structures and origins of the representations, by portraying how people aged ≥65 years perceive themselves in the aging process, support the reflection of primary health care nurses on the care planning for this social group. The implications to the nurse's practice can translate into a better understanding of how social subjects perceive themselves in the aging process as the years go by, being able to reflect a care planning that includes self-image and self-perception of living with 65 years old or more.

The fact that the outline is designed by the SRT instigates the need to investigate the aging process theme in other social contexts, in order to highlight the concepts shared by them and understand approximations or distances existing in the results obtained in the present investigation.

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